CODING and RVU's: What AHLTA Can Do For You (and what it can't)

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TRICARE CONFERENCE

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Brief Overview

- Relative Value Units (RVU) —”points” you generate by taking care of patients—in other words—your “Productivity”
  - usually calculated as RVUs/provider/day
  - US Army Guidance is **15.4 RVU/provider/day**

Brief Overview

- Why are they important?
  - Current and Future Resource Allocation is determined in part by RVU's (Will play greater role in near future)
  - Example:
    - Clinic A averages 12 RVUs/Provider/Day with 3 providers
    - Clinic B averages 17 RVUs/Provider/Day with 2 providers.
    - It is possible that Clinic A would lose a provider to Clinic B (This could be YOUR job!)

Brief Overview (con't)

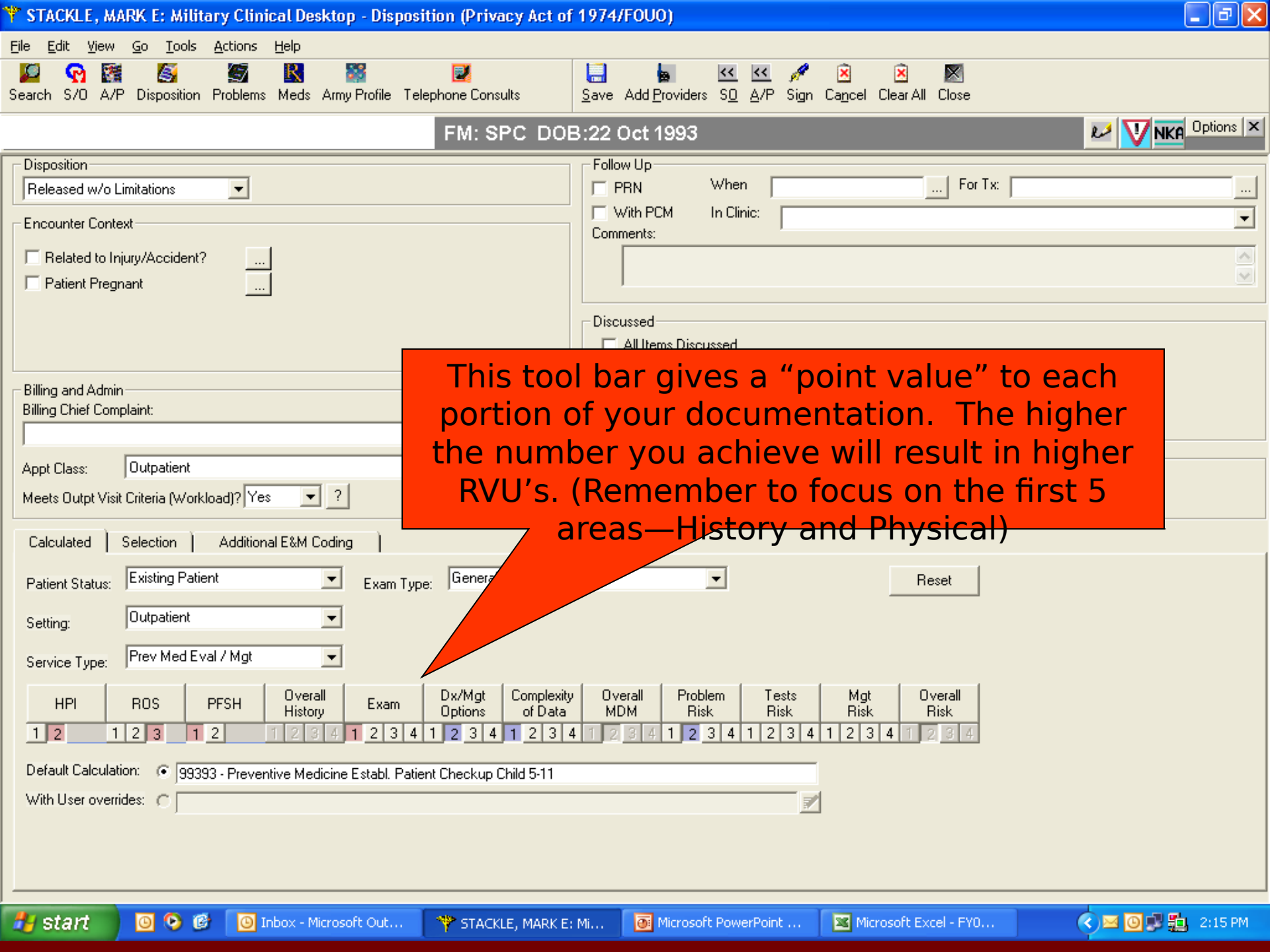
- A provider's RVUs are determined by 2 components:
  - Evaluation and Management Codes (E&M)
  - Procedures (CPT and HCPCS codes)
- How are your RVU's calculated???
  - Based on information from AHLTA and UCAPERS
  - This presentation focuses on the AHLTA portion, but bottom line for UCAPERS — **it is very important to be accurate**

How an E&M Code Is Determined—The Basics of an Outpatient Visit

- A typical visit is made up of 3 parts:
  - 1) ***Patient History***
    - History of Present Illness (HPI)
    - Review of Systems (ROS)
    - Past Family Social History (PFSH)
  - 2) ***Physical Examination***
  - 3) ***Medical Decision Making***
    - Diagnosis/Management Risk
    - Complexity of Data
    - Problem Risk
    - Test Risk
    - Management Risk

E&M Coding (con't)

- Each part earns "points" separately—the more items you place into each part will result in a greater E&M coding value.
- You will make the most impact in the History and Physical areas.
- AHLTA automatically calculates your E&M codes based on your input.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Default Calculation:
99393 - Preventive Medicine Establ. Patient Checkup Child 5-11
With User overrides:
This tool bar gives a “point value” to each portion of your documentation. The higher the number you achieve will result in higher RVU’s. (Remember to focus on the first 5 areas—History and Physical)
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Other ways to increase E&M code

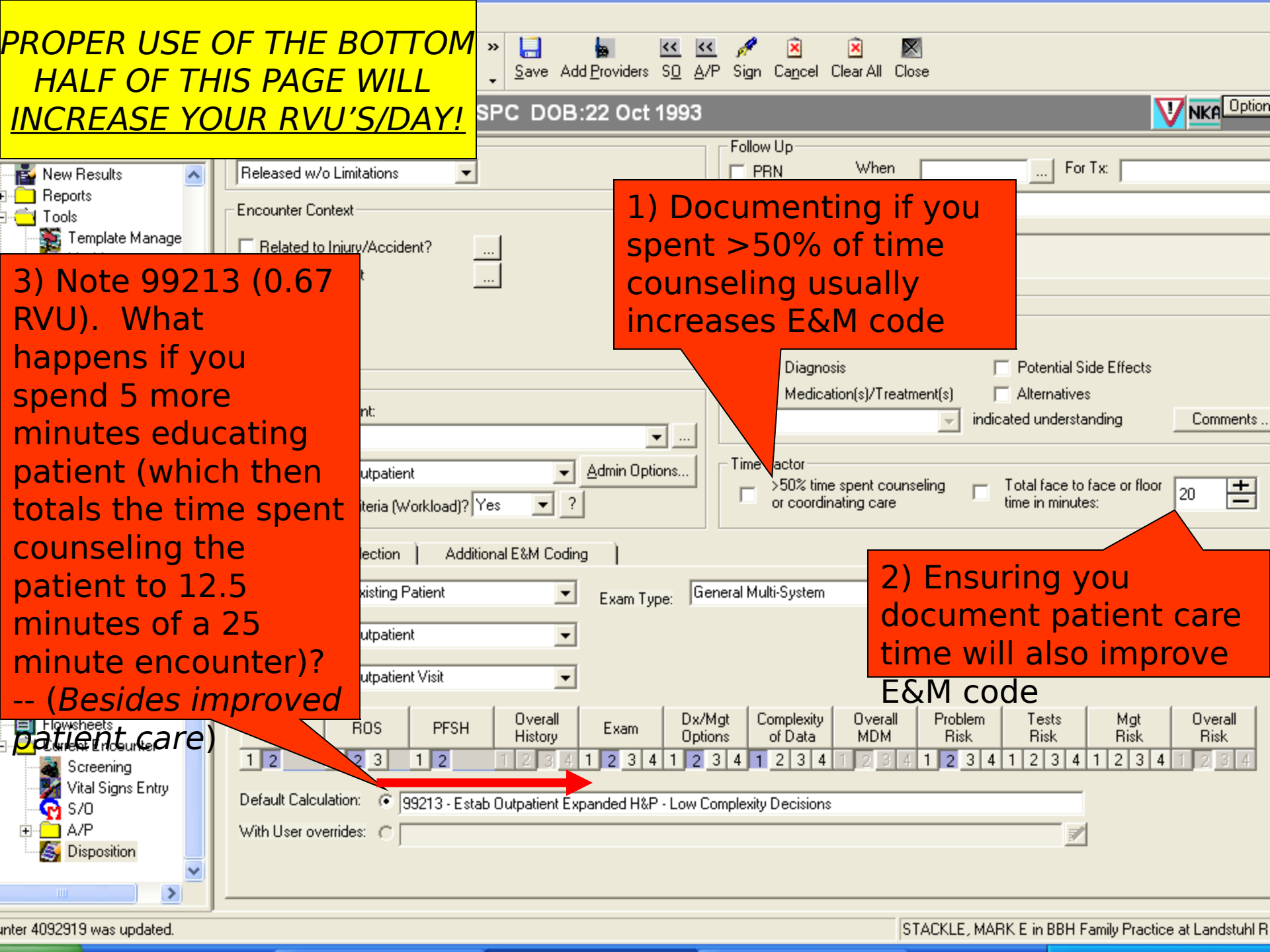
- Document time spent in counseling, coordinating care (this includes all time providing counseling, education or talking with consultants). If this time is greater than 50% of total appointment time, the E&M code is usually increased
- AHLTA allows you to enter this data easily on the Disposition page.

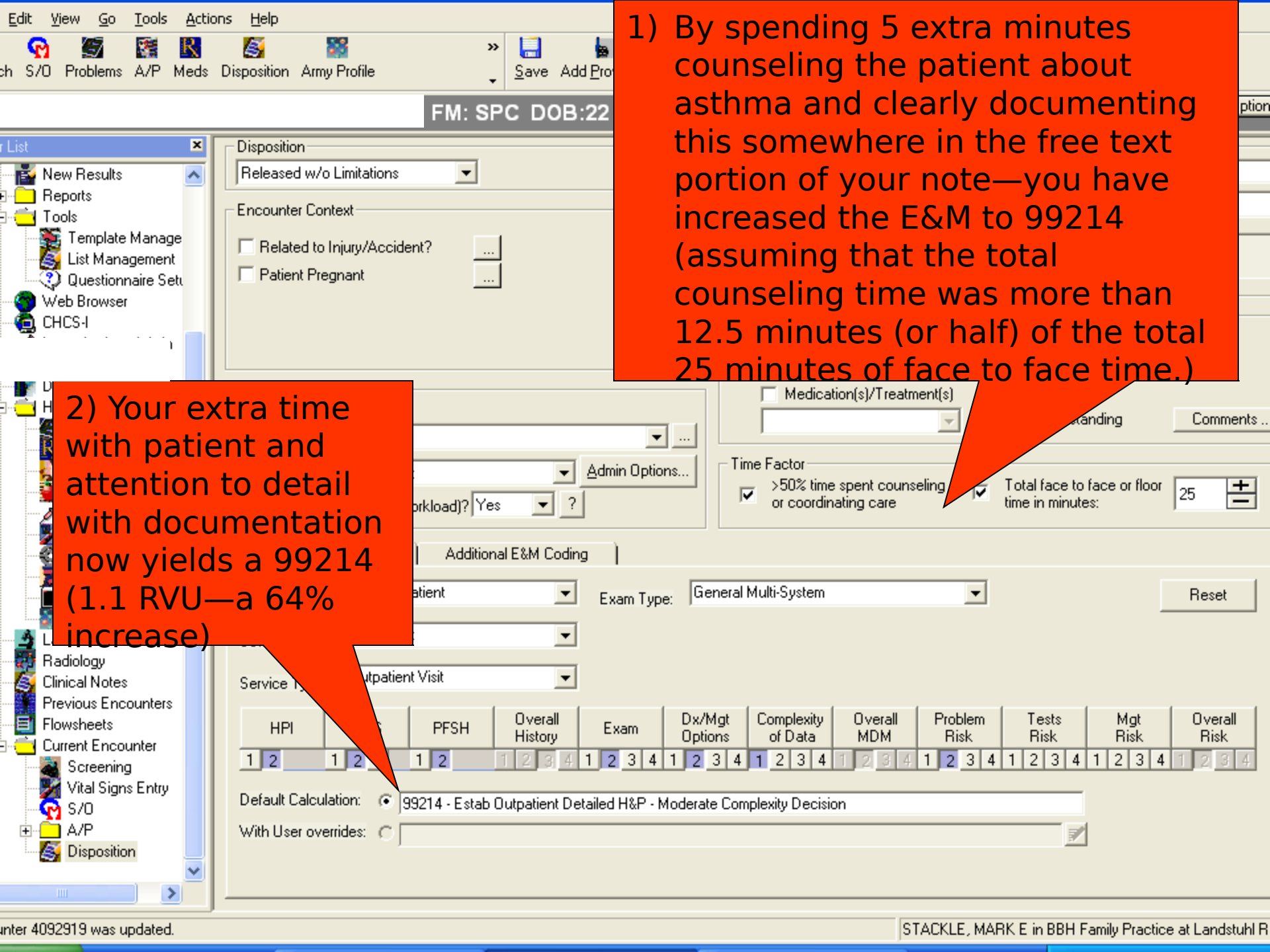
PROPER USE OF THE BOTTOM HALF OF THIS PAGE WILL INCREASE YOUR RVU'S/DAY!

1) Documenting if you spent >50% of time counseling usually increases E&M code

2) Ensuring you document patient care time will also improve E&M code

3) Note 99213 (0.67 RVU). What happens if you spend 5 more minutes educating patient (which then totals the time spent counseling the patient to 12.5 minutes of a 25 minute encounter)? -- (*Besides improved patient care*)




1) By spending 5 extra minutes counseling the patient about asthma and clearly documenting this somewhere in the free text portion of your note—you have increased the E&M to 99214 (assuming that the total counseling time was more than 12.5 minutes (or half) of the total 25 minutes of face to face time.)
2) Your extra time with patient and attention to detail with documentation now yields a 99214 (1.1 RVU—a 64% increase)
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Time Factor
>50% time spent counseling or coordinating care
Total face to face or floor time in minutes:
25
Additional E&M Coding
Exam Type:
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Default Calculation:
99214 - Estab Outpatient Detailed H&P - Moderate Complexity Decision
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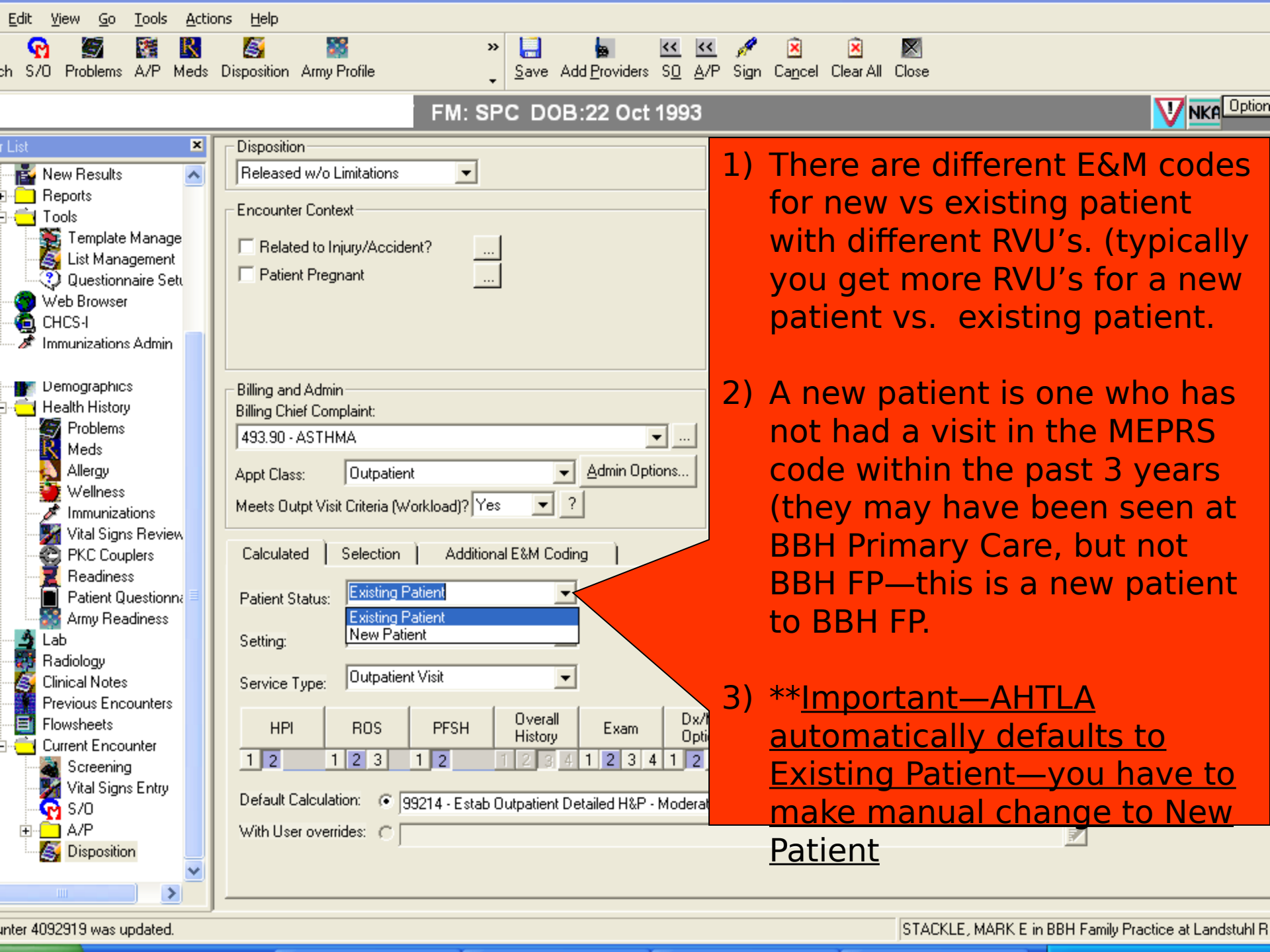
Sample RVU Numbers

- New versus Established (more points for new patients)
- E&M Codes — New/EST
  - 99202/99212 (Prob Focused) 0.45/0.45 RVU
  - 99203/99213 (Exp Prob Focused) 0.88/0.67 RVU
  - 99204/99214 (Mod Complexity) 1.34/1.10 RVU
  - 99205/99215 (High Complexity) 2.67/1.77 RVU
  - 99381/91 (Prev Med 0-1 yo) 1.19/1.02 RVU
  - 99382/92 (PM 1-11 yo) 1.36/1.19 RVU
  - 99385/95 (PM 18-39 yo) 1.53/1.36 RVU
  - 99386/96 (PM 40-64) 1.88/1.53 RVU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Existing Patient
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With User overrides:
1) There are different E&M codes for new vs existing patient with different RVU's. (typically you get more RVU's for a new patient vs. existing patient.
2) A new patient is one who has not had a visit in the MEPRS code within the past 3 years (they may have been seen at BBH Primary Care, but not BBH FP—this is a new patient to BBH FP.
3) **Important—AHTLA automatically defaults to Existing Patient—you have to make manual change to New Patient
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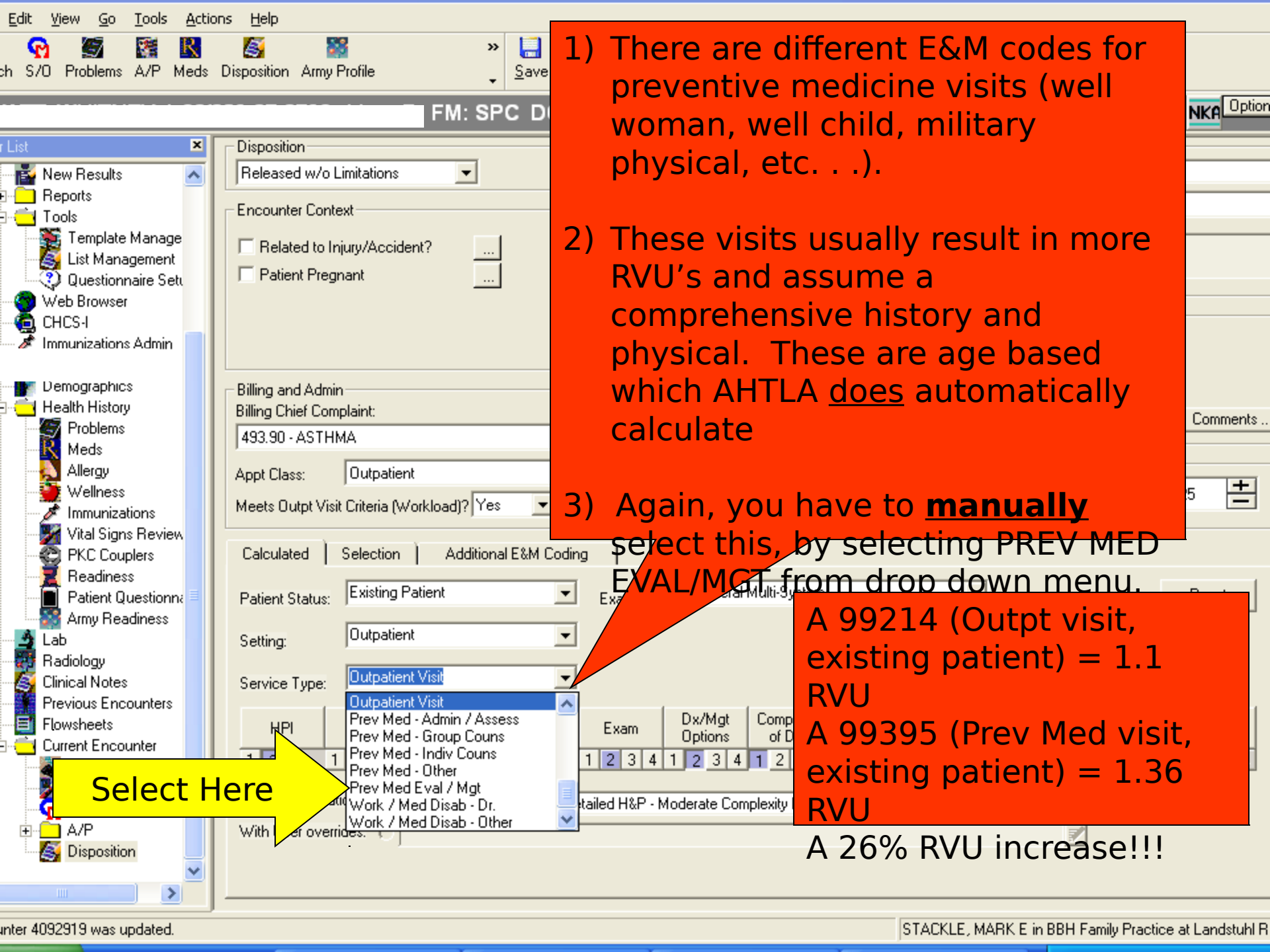
1) There are different E&M codes for preventive medicine visits (well woman, well child, military physical, etc. . .).
2) These visits usually result in more RVU's and assume a comprehensive history and physical. These are age based which AHTLA does automatically calculate
3) Again, you have to manually select this, by selecting PREV MED EVAL/MGT from drop down menu.
A 99214 (Outpt visit, existing patient) = 1.1 RVU
A 99395 (Prev Med visit, existing patient) = 1.36 RVU
A 26% RVU increase!!!
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Examples of RVU Generation

- If considering E&M coding only, a provider coding only 99212 (0.45 RVU/visit) and NO procedures would need to see approximately **34 patients per day** to achieve the Army's Goal.

- A provider averaging a 99213 (0.67 RVU/visit) and NO procedures would need to see **23 patients per day.**

- A provider seeing 18 patients (12 patients @ 99213, 6 patients @ 99214) meets the criteria.

TELCON RVU

- Telephone Consults Count TOO (Please make sure that these get submitted!)
- A 99371 (brief phone call) counts as **0.24 RVU**
- A 99372 (intermediate phone call—i.e. made treatment change) is **0.60 RVU**
- **AHLTA allows you to code Telcons**

PROCEDURES

- Correct documentation of procedures is ESSENTIAL!
- Procedure RVU's are **added** to the E&M code.
- For example: visit for impaired hearing (E&M 99213 = 0.67) + ear wax removal (RVU = 0.61). TOTAL = 1.28 RVU
- IMPORTANT: Providers can receive credit for procedures done by ancillary staff.

SAMPLE PROCEDURE RVUs

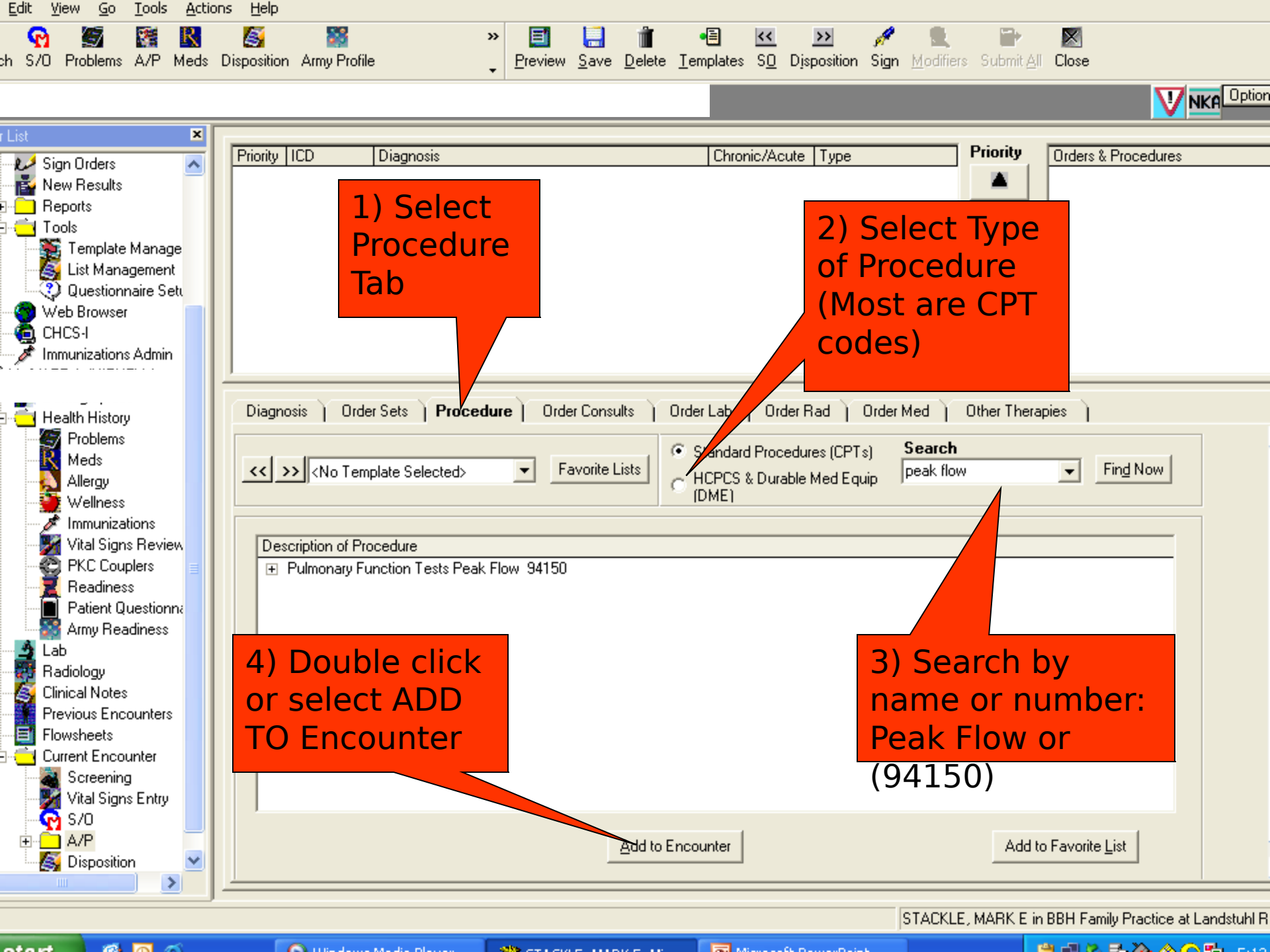
- Circumcision 1.81 RVU
- Ear Wax Removal 0.61 RVU
- Excision of Skin Tags 0.77 RVU
- I&D Abscess 1.17 RVU
- Punch Biopsy 0.81 RVU
- IV Fluid, 1 hour 0.17 RVU

Procedure RVU

- Nebulizer Treatment 0.32 RVU
- EKG Interpretation 0.17 RVU
- Cryotherapy of skin 0.76 RVU
- Screening Pap by Physician 0.37 RVU
- IM/SC Injection 0.17 RVU

What About Procedures?

- A Properly Coded Well Woman Exam can yield big RVU's:
  - E&M Prev Med visit (99395) = 1.36 RVU
  - Procedure: Screening Pap Smear (HCPCS Q0091) = 0.37 RUV,
  - **1.73 RVU** for a 30 minute appt.
  - (You would only need to see **9** well woman patients to meet the 15.4 RVU/day goal)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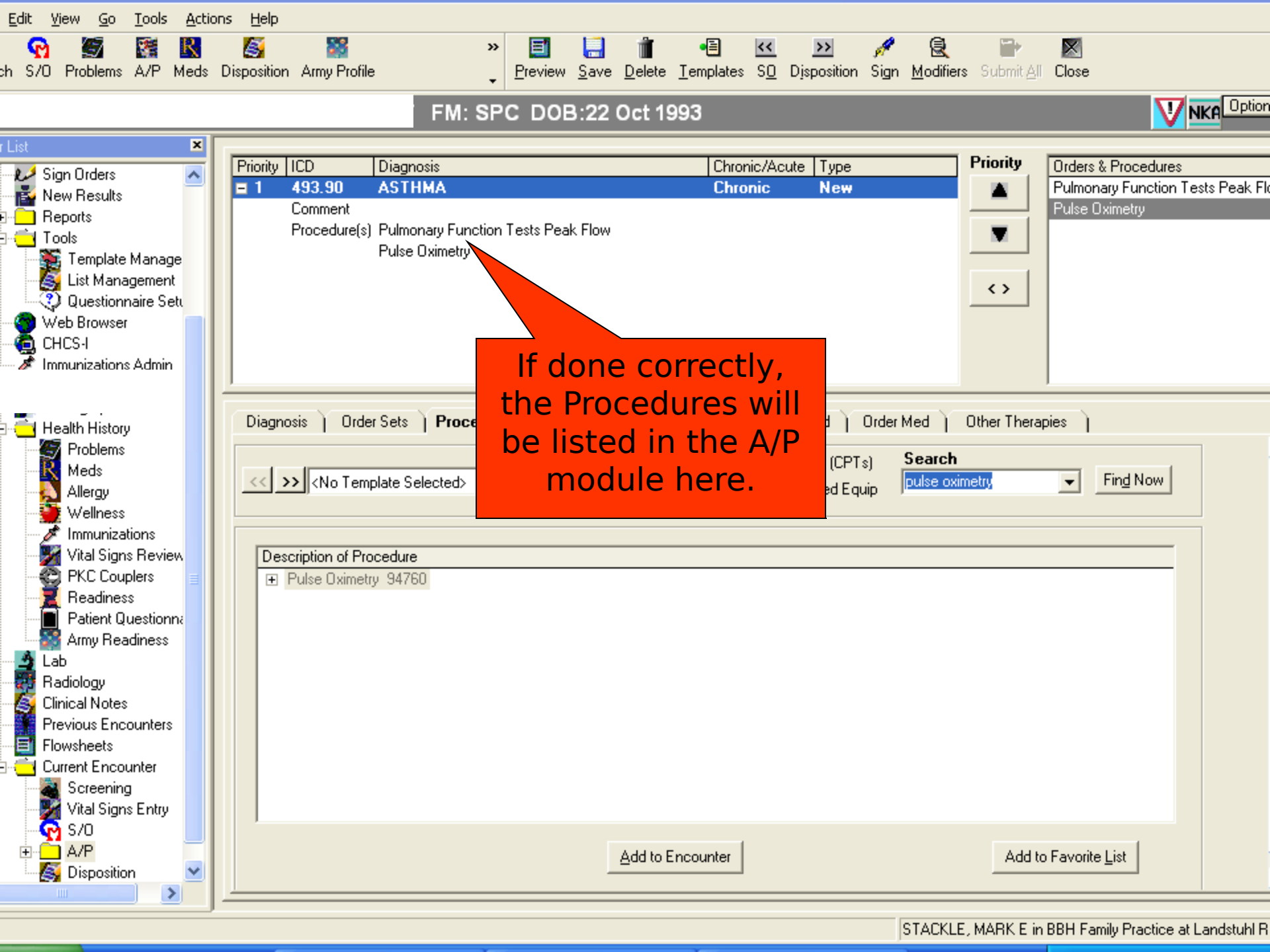
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Ways to increase RVU's/Day

- Increase number of appointments (*Remember example of 34 visits coded with 99212 will achieve Army goal*)
- Increase quality of documentation to achieve greater E&M codes per visit. (i.e. if you document more ROS, Physical Exam, etc... you will achieve a greater E&M code)
- Increase number of procedures done (and documented)

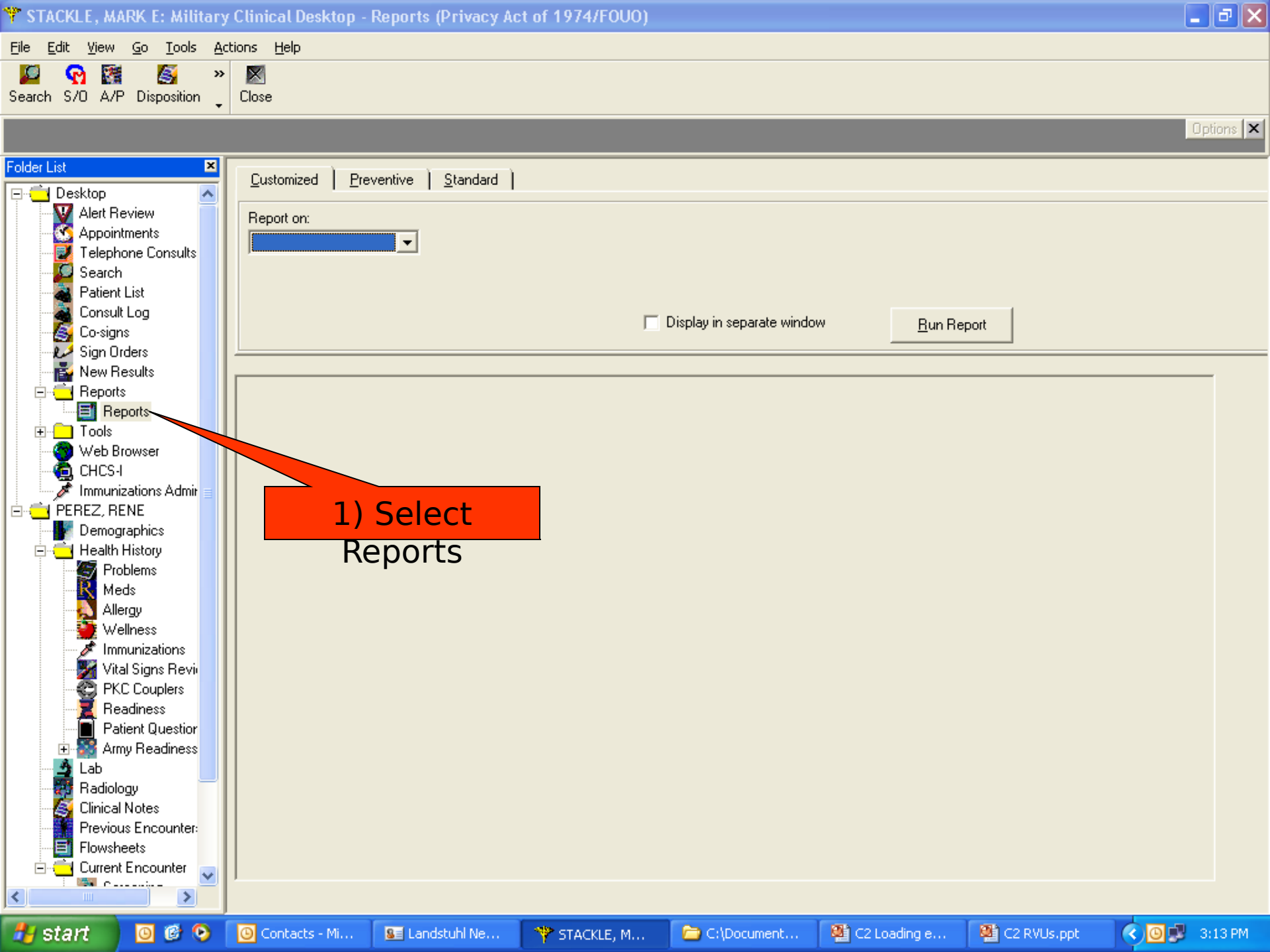
KEY POINTS

- Knowing how to document accurately and completely results in improved RVUs/Day
- Procedures
- Counseling/Education (if >50% of visit)
- New vs. Existing Patients (remember if a patient hasn’t been seen in that MEPRS in 3 years, they are a new patient)
- Outpatient Visit vs. Preventive Medicine Visits
- Maximize documentation in ROS and Exam areas

Questions???

Additional Tools For Leaders

- A way to track RVU’s in realtime!
- Allows leaders to assess interventions more quickly
- Good teaching tool for providers so that they understand how their RVU/Provider/Day are calculated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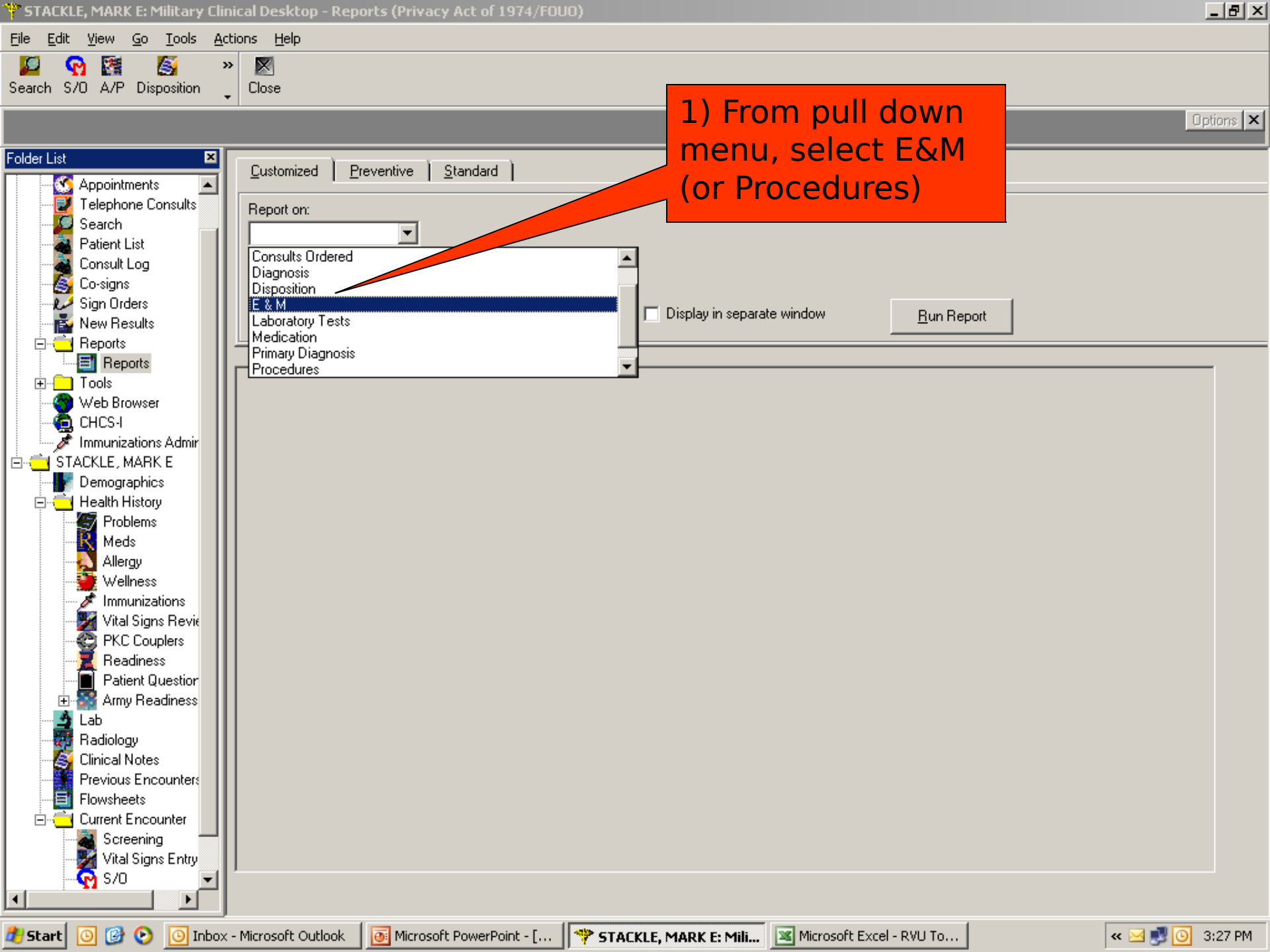
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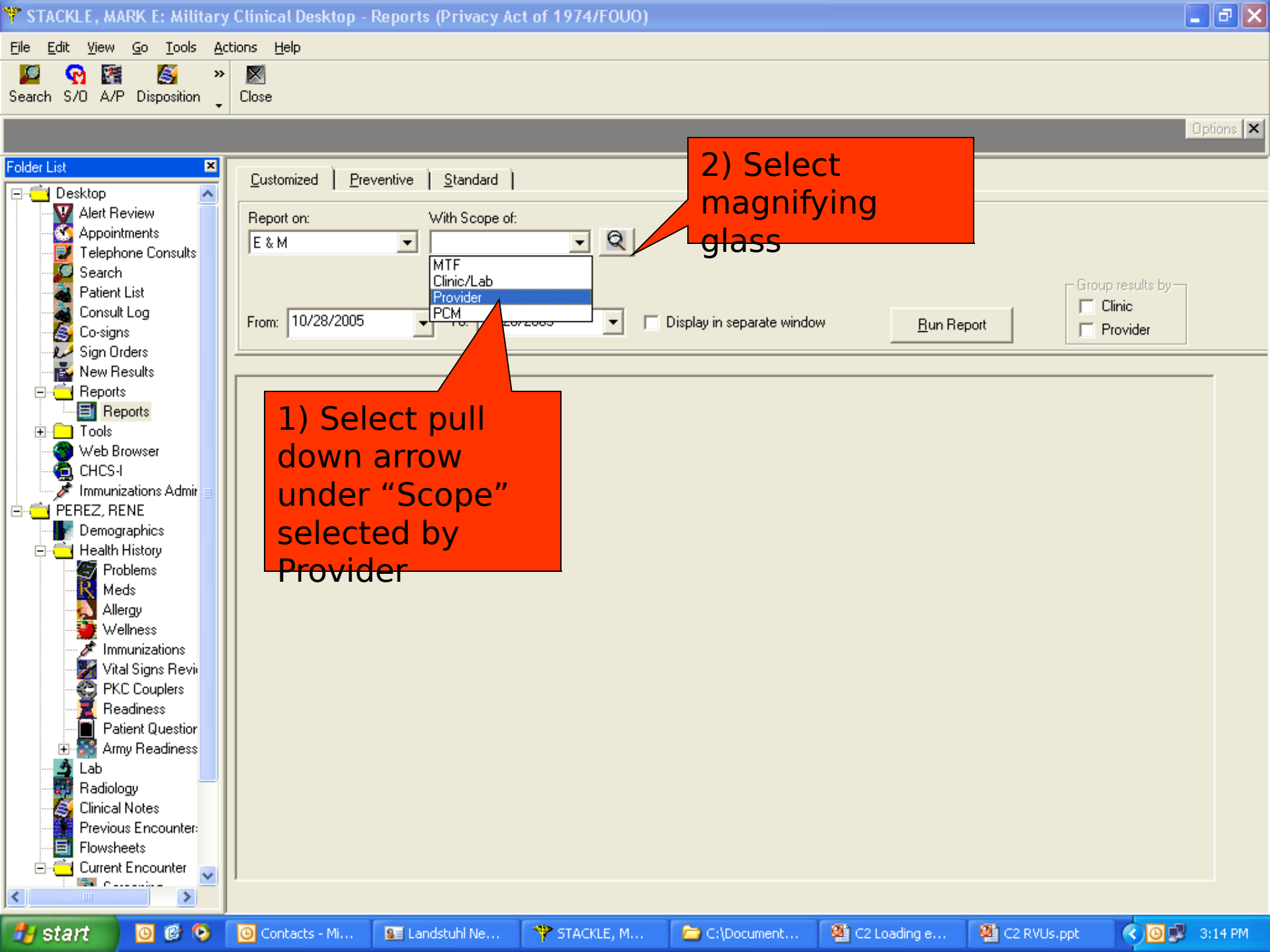
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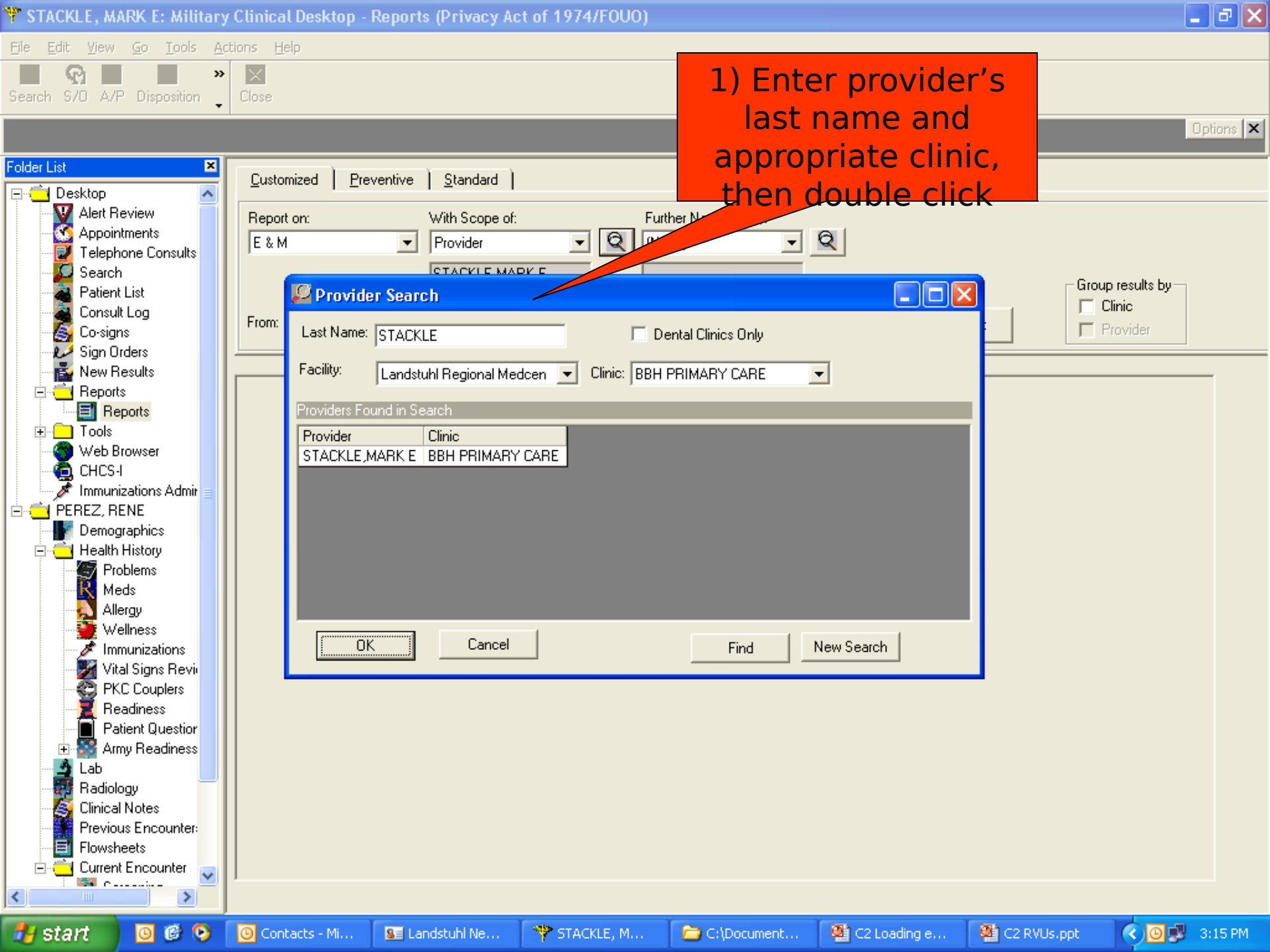
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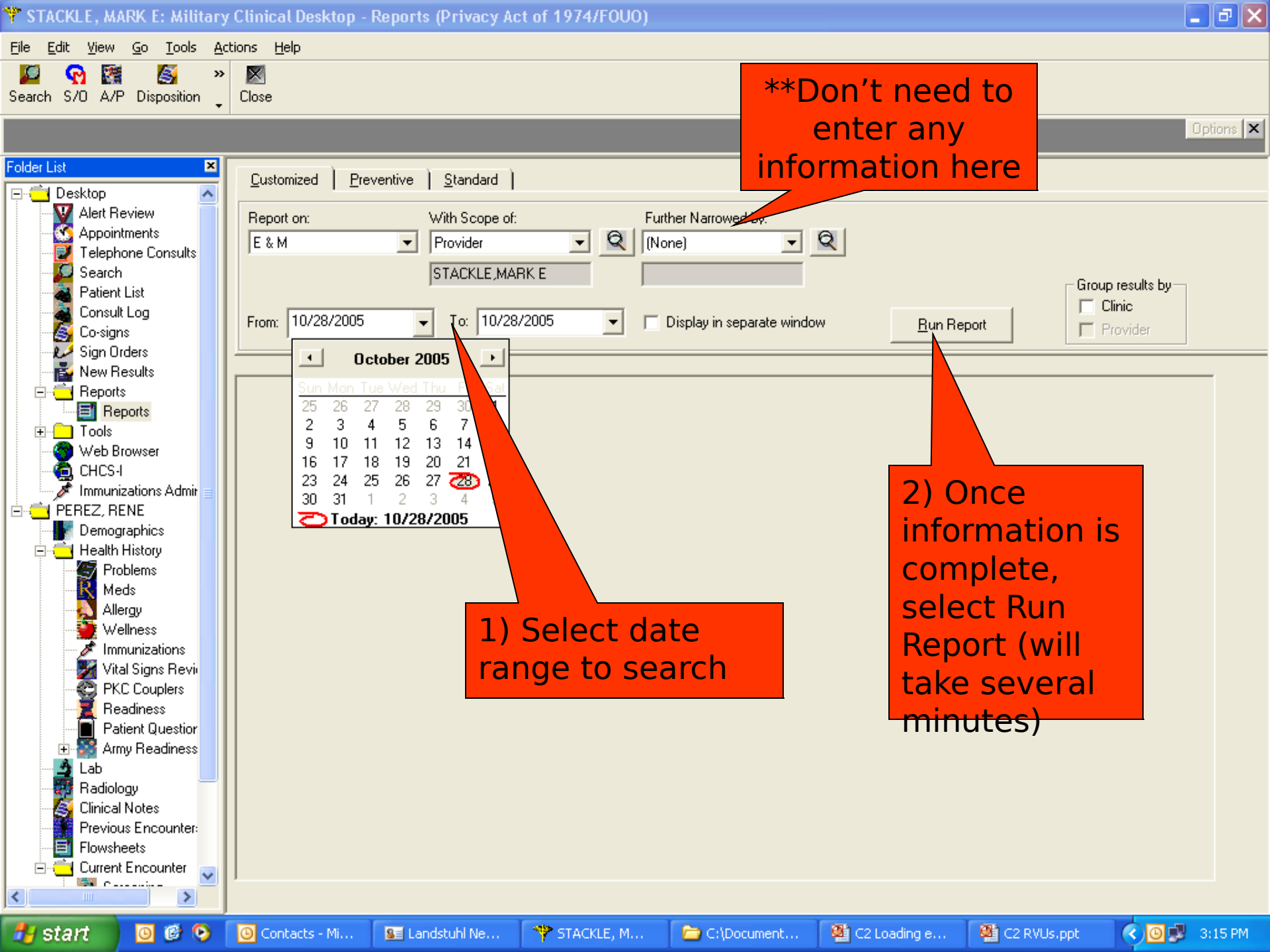
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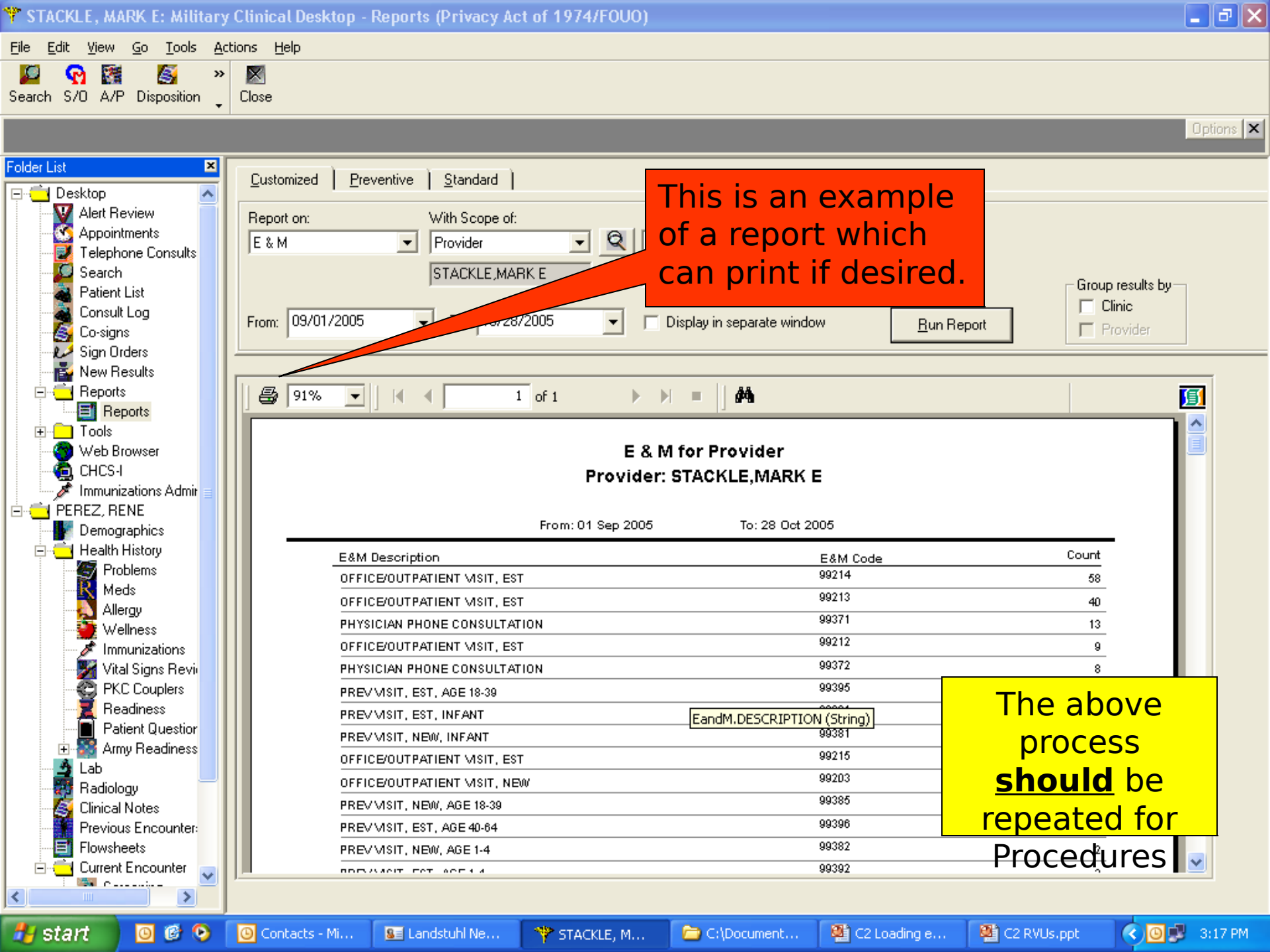
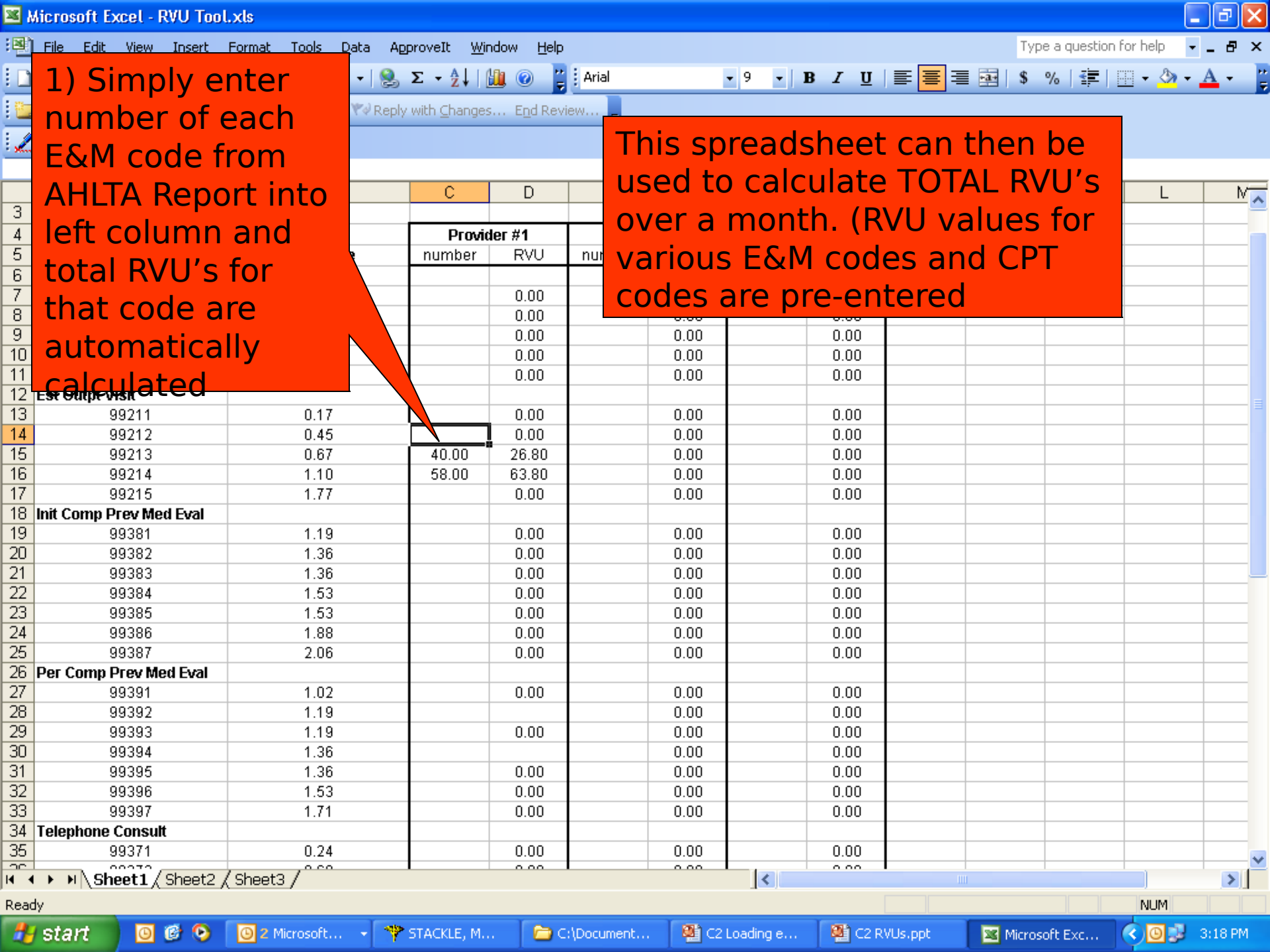
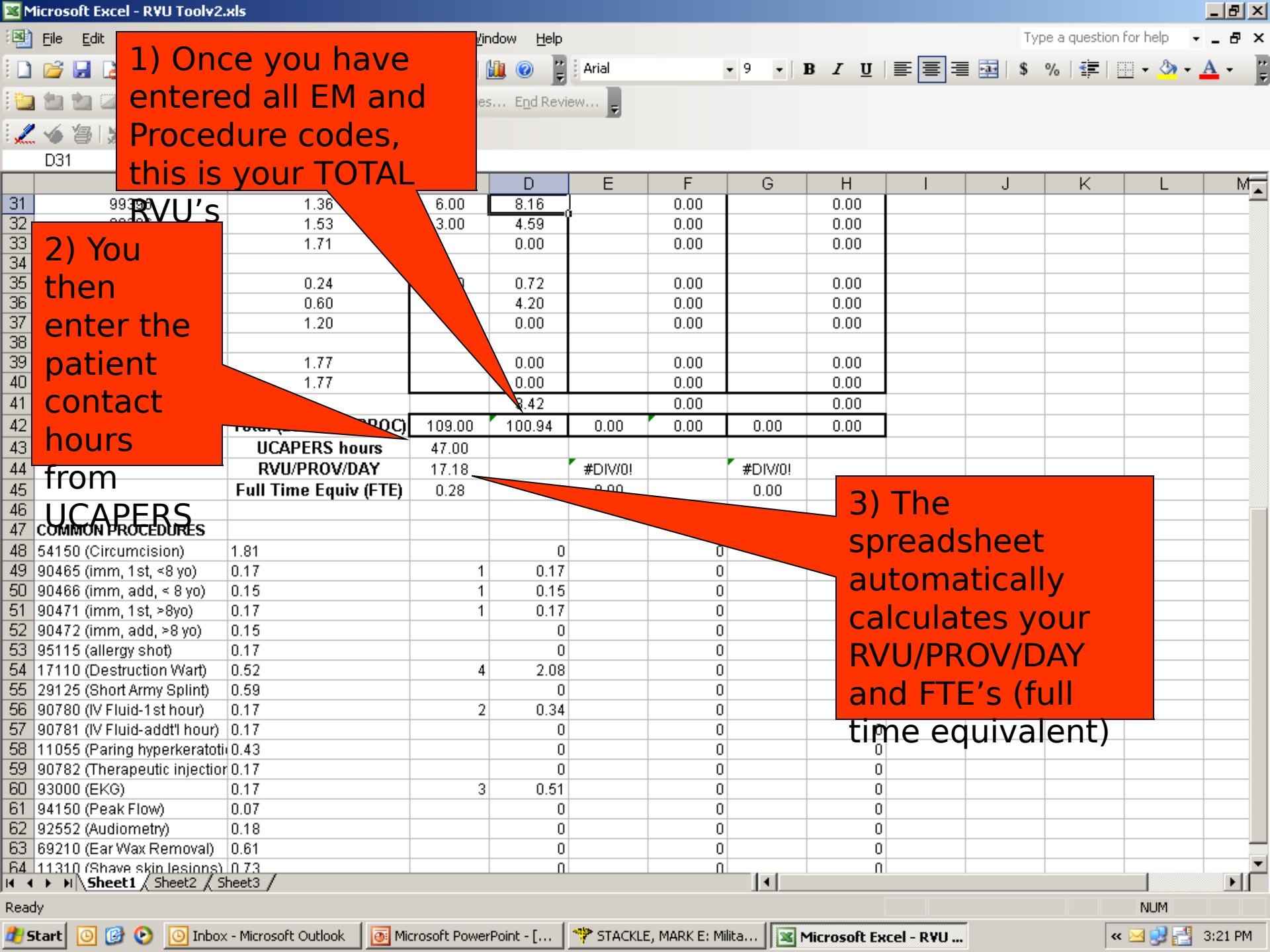

STACKLE, MARK E: Military Clinical Desktop - Reports (Privacy Act of 1974/FOUO)
File Edit View Go Tools Actions Help
Search S/O A/P Disposition Close
Options
Folder List
Desktop
Alert Review
Appointments
Telephone Consults
Search
Patient List
Consult Log
Co-signs
Sign Orders
New Results
Reports
Reports
Tools
Web Browser
CHCS-I
Immunizations Admir
PEREZ, RENE
Demographics
Health History
Problems
Meds
Allergy
Wellness
Immunizations
Vital Signs Revi
PKC Couplers
Readiness
Patient Questior
Army Readiness
Lab
Radiology
Clinical Notes
Previous Encounter:
Flowsheets
Current Encounter
Customized
Preventive
Standard
Report on:
E & M
With Scope of:
Provider
STACKLE,MARK E
From: 09/01/2005
Display in separate window
Run Report
Group results by
Clinic
Provider
This is an example of a report which can print if desired.
91%
1 of 1
E & M for Provider
Provider: STACKLE,MARK E
From: 01 Sep 2005 To: 28 Oct 2005
E&M Description
E&M Code
Count
OFFICE/OUTPATIENT VISIT, EST 99214 58
OFFICE/OUTPATIENT VISIT, EST 99213 40
PHYSICIAN PHONE CONSULTATION 99371 13
OFFICE/OUTPATIENT VISIT, EST 99212 9
PHYSICIAN PHONE CONSULTATION 99372 8
PREV VISIT, EST, AGE 18-39 99395
PREV VISIT, EST, INFANT
EandM.DESCRIPTION (String)
PREV VISIT, NEW, INFANT 99381
OFFICE/OUTPATIENT VISIT, EST 99215
OFFICE/OUTPATIENT VISIT, NEW 99203
PREV VISIT, NEW, AGE 18-39 99385
PREV VISIT, EST, AGE 40-64 99396
PREV VISIT, NEW, AGE 1-4 99382
99392
The above process should be repeated for Procedures
start
Contacts - Mi...
Landstuhl Ne...
STACKLE, M...
C:\Document...
C2 Loading e...
C2 RVUs.ppt
3:17 PM


Microsoft Excel - RVU Tool.xls
1) Simply enter number of each E&M code from AHLTA Report into left column and total RVU's for that code are automatically calculated
This spreadsheet can then be used to calculate TOTAL RVU's over a month. (RVU values for various E&M codes and CPT codes are pre-entered
Provider #1
number
RVU
Est Outpt Visit
99211 0.17
99212 0.45
99213 0.67 40.00 26.80
99214 1.10 58.00 63.80
99215 1.77
Init Comp Prev Med Eval
99381 1.19
99382 1.36
99383 1.36
99384 1.53
99385 1.53
99386 1.88
99387 2.06
Per Comp Prev Med Eval
99391 1.02
99392 1.19
99393 1.19
99394 1.36
99395 1.36
99396 1.53
99397 1.71
Telephone Consult
99371 0.24
Sheet1
Sheet2
Sheet3
Ready


1) Once you have entered all EM and Procedure codes, this is your TOTAL RVU's
2) You then enter the patient contact hours from UCAPERS
3) The spreadsheet automatically calculates your RVU/PROV/DAY and FTE's (full time equivalent)

Microsoft Excel - RVU Toolv2.xls

				D	E	F	G	H	I	J	K	L	M
31	9936	1.36	6.00	8.16		0.00		0.00					
32		1.53	3.00	4.59		0.00		0.00					
33		1.71		0.00		0.00		0.00					
34													
35		0.24		0.72		0.00		0.00					
36		0.60		4.20		0.00		0.00					
37		1.20		0.00		0.00		0.00					
38													
39		1.77		0.00		0.00		0.00					
40		1.77		0.00		0.00		0.00					
41				8.42		0.00		0.00					
42			109.00	100.94	0.00	0.00	0.00	0.00					
43		UCAPERS hours	47.00										
44		RVU/PROV/DAY	17.18		#DIV/0!		#DIV/0!						
45		Full Time Equiv (FTE)	0.28		0.00		0.00						
46													
47	COMMON PROCEDURES												
48	54150 (Circumcision)	1.81		0		0							
49	90465 (imm, 1st, <8 yo)	0.17	1	0.17		0							
50	90466 (imm, add, < 8 yo)	0.15	1	0.15		0							
51	90471 (imm, 1st, >8yo)	0.17	1	0.17		0							
52	90472 (imm, add, >8 yo)	0.15		0		0							
53	95115 (allergy shot)	0.17		0		0							
54	17110 (Destruction Wart)	0.52	4	2.08		0							
55	29125 (Short Army Splint)	0.59		0		0							
56	90780 (IV Fluid-1st hour)	0.17	2	0.34		0							
57	90781 (IV Fluid-addt'l hour)	0.17		0		0							
58	11055 (Paring hyperkeratoti	0.43		0		0							
59	90782 (Therapeutic injectior	0.17		0		0							
60	93000 (EKG)	0.17	3	0.51		0							
61	94150 (Peak Flow)	0.07		0		0							
62	92552 (Audiometry)	0.18		0		0							
63	69210 (Ear Wax Removal)	0.61		0		0							
64	11310 (Shave skin lesions)	0.73		0		0							

Sheet1 Sheet2 Sheet3

Ready

NUM

Start | Inbox - Microsoft Outlook | Microsoft PowerPoint - [... | STACKLE, MARK E: Milita... | Microsoft Excel - RVU ... | 3:21 PM

Limitations of System

- AHLTA reports only captures CPT codes, not HCPCS codes, so procedures may be slightly underreported (e.g. Q0091-Screening Pap-0.37 RVU does not show up on CHCS 2 reports)
- RVU data are pulled from CHCS 1 (not AHLTA) so if a coder manually is changing the codes for visits in CHCS 1, the report will not be 100% accurate
- The available Procedure RVU's are not exhaustive at this point. I am continuing to add new ones as leaders request them.
- All that being said, this system should be able to give you a good estimate of a provider's workload and should help you to identify coding trends in your clinics